



## CITY OF IMPERIAL APPLICATION FOR EMPLOYMENT

### MAIL OR DELIVER TO:

City of Imperial  
420 South Imperial Avenue  
Imperial, CA 92251  
Tel. (760) 355-4372

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**INSTRUCTIONS:** Please read and follow these instructions. Filling out this application legibly and completely is part of the selection process for employment with the City of Imperial. If the directions are not followed, and you leave sections of the application form blank, the Personnel Department may not be able to consider your application for existing job opportunities. Resumes will **NOT** be accepted in lieu of a completed application, but may be submitted together with other supplementary material. The City of Imperial is an equal opportunity employer.

### POSITION APPLIED FOR:

#### I am interested in employment (check which are applicable):

☐ Full Time      ☐ Part Time      ☐ Temporary      ☐ Seasonal

### Personal Information

Last Name:		First Name:		Middle Name or Initial:
Mailing Address:		City:	State:	Zip Code:
Home Telephone Number: (      )	Work Telephone Number: (      )	Message Telephone Number: (      )		
Social Security Number: -      -      -	Date you can start: -      -      -	Are you under 18 years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, can you obtain a valid work permit after employment?		

Can you, after employment, submit verification of your legal right to work in the United States?    ☐ Yes    ☐ No

### Other Information (Answer all questions and explain "Yes" answers in space provided)

Have you previously been employed by the City of Imperial? If yes, list positions and date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any employee and/or elected official of the City of Imperial? If yes, list names:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a problem with being tested for Drugs and Alcohol? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any offense (other than traffic violation with a fine less than \$100) since your 18 <sup>th</sup> birthday? If yes, please explain:  *A conviction will not necessarily disqualify applicant from employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you move, please notify the Personnel Department of your new address and telephone numbers as soon as possible. Processing your application may be discontinued if we are unable to reach you.

Education	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other				

### Drivers License Information (Certain jobs may require a particular class of license or endorsement)

Do you have a valid California Drivers License? ☐ Yes ☐ No      Licensed in another State? ☐ Yes ☐ No      If Yes, name State \_\_\_\_\_

Other State DL# \_\_\_\_\_

CA DL# \_\_\_\_\_ Expiration Date: \_\_\_\_\_      Classes: [A] [B] [C] [M]

If you have a commercial license, check applicable endorsements: [N] [P] [T] [H] [X]      Other: \_\_\_\_\_

### Qualifications

Professional Registrations, License or Certificates; Membership in Professional Organizations (list below):

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Language Skill (check applicable):

	Understand	Speak	Read and Write
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Office Skills (check applicable):

☐ Typing \_\_\_\_\_ W PM      ☐ Word Processor      ☐ Personal Computer

☐ Other Specialized Skill:

List any job-related commercial or trades training received, and training received in the U.S. armed forces:

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## Employment History

Begin with your most recent job. List all jobs, and any periods of unemployment and military service, in the last past 10 years. List any job-related volunteer experience. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need more space, use the back side, or additional paper.

1.

Employer:		Dates Employed		<b>Work Performed</b>
		From	To	
Street Address:				
Telephone Number(s):				
		Hourly Rate/Salary		
Job Title:		Starting	Final	
Reason for Leaving:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2.

Employer:		Dates Employed		<b>Work Performed</b>
		From	To	
Street Address:				
Telephone Number(s):				
		Hourly Rate/Salary		
Job Title:	Immediate Supervisor:	Starting	Final	
Reason for Leaving:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

3.

Employer:		Dates Employed		<b>Work Performed</b>
		From	To	
Street Address:				
Telephone Number(s):				
		Hourly Rate/Salary		
Job Title:	Immediate Supervisor:	Starting	Final	
Reason for Leaving:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**References (List three who are NOT relatives or former employers)**

Name: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Other Comments:****Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise required by applicable law or by Memorandum of Understanding, any employment relationship with this organization is “*at will*” in nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the City of Imperial.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Imperial.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date